# Washington State House of Representatives Office of Program Research

BILL ANALYSIS

## Health Care & Wellness Committee

## **HB 1071**

**Brief Description:** Concerning access to health care services for children.

**Sponsors:** Representatives Clibborn, Kessler, Kagi, Hudgins, Hasegawa, Eddy, Upthegrove, McCoy, Sells, McIntire, Fromhold, Jarrett, Appleton, Goodman, Haler, Green, Lantz, Ericks, Hunter, Williams, Darneille, Morrell, Simpson, Lovick, Kenney, Conway, Walsh, Moeller, B. Sullivan, Quall, Rolfes, Pettigrew and Wallace; by request of Governor Gregoire.

### **Brief Summary of Bill**

- Directs the Department of Social and Health Services to design a seamless health insurance coverage program for children in families with household incomes of up to 250 percent of the Federal Poverty Level.
- Establishes a multi-agency outreach and education effort to identify and enroll eligible children.
- Beginning in 2008, requires rate increases for health care providers serving children to be linked to quality improvement measures.
- Establishes nutritional health and physical activity goals for all Kindergarten-12 Grade districts.
- Allows the Department of Social and Health Services to enroll children or their parent into employer sponsored health insurance, regardless of open enrollment season restrictions.

Work Session: 1/8/07.

**Staff:** Dave Knutson (786-7146).

**Background:** 

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This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

The Department of Social and Health Services (Department) operates several programs designed to provide coverage for children under age nineteen. The Medicaid program provides children living in households with family income at or below 200% of the Federal Poverty Level access to health coverage. The State Children's Health Insurance Program (SCHIP) serves children living in households with family income at or below 250% of the Federal Poverty Level access to health coverage. The Children's Health Program (CHP) provides children living in a household of undocumented aliens, with a household income at or below 100% of the Federal Poverty Level access to state funded health coverage.

The Department estimates there are approximately 70,000 children in Washington living in households with family income at or below 250% of the Federal Poverty Level who are not covered by health insurance. There are an estimated 8,083 children living in families with household incomes between 250% and 300% of the Federal Poverty Level who are not covered by health insurance.

The incidence of childhood obesity has risen in recent years. Overweight and obesity for children and adolescents are defined respectively as being at or above the 85th and 95th percentile of the Body Mass Index. The Centers of Disease Control found that in 2004, thirty percent of children ages 6 to 11 are overweight, and fifteen percent are obese. For adolescents ages 12 to 19, thirty percent are overweight and sixteen percent are obese. Adverse health effects associated with overweight in children and adolescents include: asthma, diabetes, hypertension, orthopedic complications, and psychosocial effects and stigma.

### **Summary of Bill:**

The Department of Social and Health Services will design a seamless health insurance coverage program for children in families with household incomes of up to 250 percent of the Federal Poverty Level and determine whether the child qualifies for Medicaid, the State Children's Health Insurance Program, or the Children's Health Program. The income eligibility standards for the three programs will be standardized at 250 percent of the Federal Poverty Level. The Department will establish a multi-agency outreach and education effort to identify and enroll eligible children.

Beginning in 2008, The Department will link rate increases for health care providers serving children to quality improvement measures.

The goal is established to ensure all Kindergarten-12 Grade districts will have school health advisory boards, that by 2010 all K-12 districts will only have healthy food and beverages available on school campuses, all students in grades one through eight should have thirty minutes of physical education per day, all student health and fitness instructors will be certified, and district waiver or exemption policy from physical education requirements for high school students will be limited.

The Department of Social and Health Services is authorized to enroll children or their parent into employer sponsored health insurance, regardless of open enrollment season restrictions.

**Appropriation:** None.

**Fiscal Note:** Requested on 1/9/07.

**Effective Date:** The bill takes effect 90 days after adjournment of session in which bill is passed.

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